Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007

Centre name:	St. Brigid's Hospital
Centre ID:	0531
Centre address:	Shaen Portlaoise, County Laois
Telephone number:	057 8646717
Fax number:	057 8646848
Email address:	shaen.hospital@hse.ie
Type of centre:	☐ Private ☐ Voluntary ☒ Public
Registered provider:	Health Service Executive (HSE)
Person authorised to act on behalf of the provider:	Gerry Raleigh
Person in charge:	Mary Ferns
Date of inspection:	25 and 26 October 2011
Time inspection took place:	**Day-1 Start:** 09:40 hrs **Completion:** 18:00 hrs **Day-2 Start:** 09:00 hrs **Completion:** 16:40 hrs
Lead inspector:	Sheila Doyle
Support inspector:	N/A
Type of inspection:	☒ **Registration** ☒ **Announced** ☐ **Unannounced**

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by the inspector to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

St. Brigid's Hospital is a two-storey over basement building that was originally opened as a tuberculosis sanatorium in 1932. It subsequently closed in 1968 and re-opened as a residential service for older people in 1970. The occupancy has since been reduced to 32 and there were 31 residents at the time of inspection, some of whom have dementia.

A large entrance area with seating leads onto the main corridor on the ground floor. The layout of the ground floor and first floor are similar in that both contain a nurse's station, clinical room, two adjoining day rooms, sluice room, cleaning room and store room. In addition to these facilities the dining room, main kitchen, sensory room, hairdressing room, which is also used for chiropody treatments, and a multi-denominational church are all located on the ground floor. A sensory room is available on the first floor and a visitors' room is located on the ground floor. Recreational activities take place in the day rooms and dining room.

The administration offices including the person in charge's office are situated in a secure area off the ground floor. There is a basement which contains a boiler room, separate male and female staff changing facilities, a sewing room and a file room used to archive old records. Access to the basement is controlled. Additional female staff changing facilities with locker storage are also provided on the first floor. A separate catering staff toilet and changing facilities are available beside the main kitchen.

Residents' bedrooms are located on both floors. Female residents occupy bedrooms on the ground floor and male residents live on the first floor. Bedroom accommodation had recently been reconfigured and now in total there are two six-bedded rooms, one four-bedded room, one three-bedded room, four twin rooms and five single rooms. In addition there is an ante room on each floor and this is set aside for end-of-life care and in use only as required. There are no en suite bedroom facilities. There are nine toilets in total for use by residents and four of these are assisted toilets. A wheelchair accessible visitor's toilet is provided on the ground floor. A separate staff toilet is located on each floor. There are two assisted showers on each floor but no bath is provided.

The laundry room is located at the rear of the building. Additional facilities provided include a sensory garden and a mortuary which are also located at the rear of the main building. Ample parking for staff and visitors is located to the front of the building.

St. Brigid's Hospital is located in a rural setting approximately 7 kilometres from Portlaoise, County Laois.

<table>
<tr><td colspan="3">Date centre was first established:</td><td colspan="2">1970</td></tr>
<tr><td colspan="3">Number of residents on the date of inspection:</td><td colspan="2">31 + 1 in hospital</td></tr>
<tr><td colspan="3">Number of vacancies on the date of inspection:</td><td colspan="2">nil</td></tr>
<tr><td>Dependency level of current residents:</td><td>Max</td><td>High</td><td>Medium</td><td>Low</td></tr>
<tr><td>Number of residents</td><td>20</td><td>5</td><td>3</td><td>3</td></tr>
<tr><td colspan="3" rowspan="2">Gender of residents</td><td>Male (✓)</td><td>Female (✓)</td></tr>
<tr><td>✓</td><td>✓</td></tr>
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Management structure

The Provider is the Health Service Executive (HSE) and the General Manager, Gerry Raleigh is the person nominated to act on behalf of the Provider. The Person in Charge is Mary Ferns and she reports to both the General Manager and Area Administrator, Nick Devery who in turn both report to the area administrator, Joe Ruane. There is a Clinical Nurse Manager Grade 1 and 2 (CNM1 and CNM2) on each floor. The CNM1 on each floor reports to the CNM2 and in their absence they report directly to the Person in Charge. The staff nurses report to the CNM1 or CNM2 and the care assistants and household staff on each floor report to the staff nurses. There is a Clinical Nurse Specialist (CNS) in diversion therapy and she is supported by two assistants who report directly to her. The CNS, chefs and laundry staff report directly to the Person in Charge. Catering assistants report to the chefs. The maintenance person is line managed by a maintenance foreman and on a daily basis he reports to Person in Charge. The Person in Charge is supported by an administration team.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report set out the findings of a registration inspection, which took place following an application to the Authority for registration under Section 48 of the Health Act, 2007.

The inspector met with residents, relatives, and staff members over the two day inspection. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the fit person self assessment document in advance of the inspection. This was reviewed by the inspector, along with all the information provided in the registration application form and supporting documentation.

While areas for improvement were identified, overall the inspector found that the provider and person in charge met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. They had established strong management processes to ensure the delivery of services to residents in a consistent and safe manner.

The provider and the person in charge promoted the safety of residents. Staff had received training and were knowledgeable about the prevention of elder abuse. Fire precautions such as fire drills, fire training for staff and servicing of equipment were in place.

The health needs of residents were met. Residents had access to medical cover and to a range of other health services and evidence-based nursing care were provided. Care plans were in place, the process and documentation was regularly reviewed and there was evidence of resident and relative involvement.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident. Questionnaires received from relatives and those spoken with were unanimous in their praise for the service provided and the kindness and caring nature of the staff.

Improvements had occurred to the premises but further improvements were required. Improvements were also required around personnel files and deputising arrangements. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The inspector was satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of the Regulations.

The inspector observed that the service's capacity to meet the diverse needs of residents, as outlined in the statement of purpose, was reflected in practice. As described in the statement of purpose, the inspector noted in particular that residents, their families and friends and staff were included in the development of the ethos of care. The ethos of care stated that through getting to know the individual person, planning their care and promoting family involvement, the staff were able to develop person-centred care in a "homely environment where there was respect and dignity for the resident, staff and their family". This was confirmed by residents and relatives throughout the day and in their comments in the resident and relative questionnaires submitted.

The statement was kept under review by the provider and was made available to residents on admission, and following review.

Outcome 2
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings
The inspector was satisfied that the quality of care and experience of the residents were monitored and developed on an ongoing basis.

The person in charge had put a system in place to gather and audit information related to falls, incidents of challenging behaviour, hygiene and medication management. There was a robust system in place to collect clinical data to identify possible trends and for the purpose of improving the quality of service and safety of residents.

The inspector read where the results of these audits were used to improve practice and outcomes for residents. For example, the number of falls over a six month period were analysed including identifying residents who had more than one fall. The inspector saw where this information was shared at a local governance group. Following analysis for possible trends or causes, one resident was referred for medical and medication review. Following these reviews the incidence of falls for this resident had reduced.

The inspector read where a resident satisfaction survey on meals provided had been completed. Several suggestions had been made particularly around the menu choices and the inspector saw where these had been taken on board.

In addition, the CNMs on each floor conducted frequent audits of residents' care plans to identify any deficits and provide additional support and training for staff if required. The inspector read the completed audit forms and noted that following audit, the documentation had been improved to facilitate resident and relative signatures.

The person in charge and provider networked with other residential centres in the area and were part of a group for developing practices and sharing learning and documentation. The inspector read minutes of some these meetings.

Outcome 3
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings
The inspector found evidence of good complaints management practice. The complaints policy was reviewed and was found to be comprehensive and met the requirements of the Regulations. The complaints officer was named and the policy included the name of an independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint.

Five complaints had been received by the complaints officer since January 2011 and the inspector read where the policy was followed and the outcome recorded including the complainants level of satisfaction.

Residents and relatives told the inspector they felt comfortable raising any concerns with the provider/person in charge or any member of staff should the need arise. Many residents and relatives said they never felt the need to complain.

A summary of the complaints policy was displayed in a prominent place in the front hall and on each floor. It was also summarised in the Residents' Guide and the statement of purpose.

2. Safeguarding and safety

Outcome 4
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

The inspector was satisfied that sufficient measures were in place to protect residents from being harmed or suffering abuse.

All staff had received training on identifying and responding to elder abuse. A centre-specific policy was available. The provider, person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Some staff referred to the residents as "family" and all staff said they would report any suspicion immediately. A whistle-blowing policy had been developed to ensure that staff members' rights would be protected in the event of reporting any allegations of abuse. Plans were in place to disseminate this to staff.

Residents spoken to confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times. Others commented that the presence of the security cameras contributed to their feeling of being safe.

Several residents' finances were managed by the administrative staff. The inspector was satisfied that robust safe procedures were in place. In addition, an annual audit was carried out by an external auditor to ensure compliance with the policy.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings
The inspector was satisfied that health and safety of residents, visitors and staff was promoted and protected.

There was a health and safety statement was in place. A risk management policy was in place and was reviewed by the inspector. Environmental risk was addressed with health and safety policies implemented which included risk assessments on all areas.

The provider and person in charge had sufficiently prioritised the safety of residents in the event of fire. Service records showed that the fire alarm system was serviced on a three-monthly basis, the emergency lighting and fire equipment on a yearly basis. The inspector read the records which showed that daily inspections of fire exits were carried out along with a weekly inspection of doors and fire fighting equipment. The fire panels were in order and the inspector noted that fire exits were unobstructed. The inspector read the training records which confirmed that most staff had attended training this year with the remaining four staff scheduled to attend in November. These staff members were not scheduled on night duty until completion of their training. All staff spoken with were very clear about the procedure to follow in the event of a fire. Fire drills including evacuation were conducted every six months.

The environment was kept clean and was well maintained and there were measures in place to control and prevent infection. Frequent hygiene audits were undertaken and the results used to improve practices. Arrangements were in place for the segregation and disposal of waste, including clinical waste. All staff had received training in infection control and staff spoken with were knowledgeable. Staff had access to supplies of latex gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents was available if evacuation was necessary.

Outcome 6
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings
The inspector found evidence of good medication management practices. There was a comprehensive policy in place which provided guidance to nurses in all areas of medication management. The inspector noted that all nurses had attended a medication management course and an update course was scheduled for later this year. A comprehensive medication policy was in place and staff spoken with were aware of its contents. The inspector observed staff administering medication and noted that this was in line with the policy and best practice guidelines. Medication reviews were carried out by the general practitioner (GP) on a three-monthly basis. No resident was self medicating at present but the policy included guidance for staff should this be required.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. Nurses kept a register of MDAs. Two nurses signed and dated the register on administration and the stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

A medication fridge was in place in a locked room and the inspector noted that the daily temperatures were recorded. Medications in use were dated on the day they were opened.

The inspector noted that regular audits of medication prescribing and administration were carried out by the CNMs on each floor. In addition data was collected on the use of certain drugs such as psychographics. This data was then discussed and medications reviewed. Particular attention was paid to the use of laxative medication as the person in charge was actively reducing usage by increasing the amount of fresh fruit in the residents' diets.

3. Health and social care needs

Outcome 7
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings
The inspector was satisfied that residents' wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare.

GP services were provided by a local practice. Regular medical reviews were undertaken and all residents spoken with expressed satisfaction with the service. Residents had access to a range of allied health professionals and the inspector noted that records of appointments and referrals were maintained in residents' files. Peripatetic services such as occupational therapy and physiotherapy and access to a social worker were available on a referral basis by the GP. Ophthalmology and chiropody services were also available and the dietician visited on a monthly basis.

The inspector met with the speech and language therapist (SALT) who outlined the work being undertaken. Currently 17 residents with various communication and swallowing difficulties, were availing of this service. The SALT explained how they were currently introducing new national guidelines on the various food consistencies. This included education for staff including catering staff. The chef confirmed that they were currently working on implementing these guidelines and showed the inspector various documentation including pictures of food prepared to each consistency.

Psychiatry of later life services was available and 18 residents were accessing this service at the time of inspection. Residents' files confirmed that appointments and assessments were carried out which included medication reviews. The CNM2 stated that the consultant psychiatrist or registrar reviewed residents on a six-monthly basis or more frequently if required.

The person in charge outlined how a special needs dental service was available to the residents. Oral care assessment was routinely carried out by the nurses and residents were referred to the specialist services as required. A relative explained to the inspector how his mother had availed of this service.

The inspector noted that four residents were using either one or two bedrails. In the sample of care plans reviewed the inspector noted that appropriate risk assessments had been undertaken and there was evidence that alternatives had been considered. A policy was in place to guide practice. Use of restraint was discussed with the person in charge and various staff members. The person in charge told the inspector that this was an area where substantial progress had been made. In addition, low beds had been purchased to reduce the need for bedrails.

The inspector reviewed some residents' files and noted that a nursing assessment and additional risk assessments were carried out for residents. Comprehensive person-centred care plans were in place for all residents' needs. Resident and relatives had signed that they were involved in the development of these and both groups confirmed this to the inspector. Staff outlined how they were committed to improving this documentation.

The inspector read care plans of residents who had wounds and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. In addition, the inspector saw where additional advice and support was provided from the acute services.

The inspector reviewed the procedures in place for responding to behaviours that challenged. Training had been provided to all staff and there was a policy in place which provided guidance to staff. The inspector reviewed residents' files and noted that appropriate intervention strategies were in place. Staff spoken to were aware of the policy and knowledgeable of appropriate strategies. Additional support, advice and training were available to staff from the psychiatry of later life services. The inspector observed staff managing residents who had behaviour that challenged including using diversion techniques, singing and hand massages.

Accidents and incidents were recorded comprehensively. The inspector checked the number of falls that occurred in the previous six-month period. The person in charge and staff had collected and analysed this information. Strategies were put in place for those residents who were at high risk of falling. The inspector read the care plans of two residents who had fallen and noted that the strategies had been implemented including medication review and the provision of low beds and crash mats to minimise the risk of injury.

A CNS in diversion therapy and two assistants had been employed in the centre and residents were provided with an extensive range of things to do during the day. A schedule of activities was available and the inspector saw notices outlining the day's events in the sitting room. The inspector noted that several of the arts and crafts undertaken by the residents were displayed around the centre. Several residents were involved in gardening and were assisted by the maintenance person in getting planters ready for the winter bedding.

Other residents were part of a Boccia league (the aim of the game is to throw leather balls as close as you can to a white target ball). Residents said how much they enjoyed this game and loved competing against residents in other centres.

Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. The person in charge had ensured that these residents were provided with opportunities for personal growth and were included in the daily life of the centre. 'A Key to Me' and 'My Day My Way' documentation had been added to the care plans to collect relevant data on likes and dislikes and other information such as important dates. The inspector saw some residents enjoying exercise to music, baking groups and hand massages.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

This practice was informed by the centres' comprehensive policy on end-of-life care. The policy included guidelines for involving the resident and their families in planning the end-of-life care. An ante room beside a single room was available to relatives who wished to use it. This was comfortably furnished including a pull out bed. The inspector saw relatives being offered tea and coffee and relatives told the inspector that they had just been down for breakfast. A niece of a recently deceased resident praised the staff for all the kindness shown to both her uncle and his family.

The inspector read where residents' end-of-life preferences were discussed and documented in care plans. The local palliative care team also provided support and advice when required.

Outcome 9
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings
The inspector was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

The inspector saw residents being offered a variety of snacks and drinks. Fruit and jugs with a variety of juices and water were available in common areas and staff regularly offered drinks to residents. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them. Relatives also told the inspector that they were often offered tea or coffee.

There was a large central dining room on the ground floor and a smaller dining room on the first floor. Large white boards showed the menu choices for that day. Residents chose where they preferred to have their meal and the inspector noted that meals were well presented and tasty. The tables were nicely laid. The meals were served plated and gravy was served separately on each table.

Staff were seen to assist residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. Residents told the inspector they could have anything they wanted at meal times and the inspector saw where a wide variety of dishes were served.

The inspector noted that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a monthly basis. The inspector reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The inspector noted that as part of the residents' committee described under Outcome 11, suggestions had been made relating to meals and acted upon. Communication

between staff and the catering department was updated frequently and the inspector saw where all relevant information was shared. The inspector noted that the photograph of each resident was attached to the residents' dietary information to ensure easy identification at serving. The inspector also saw where the centre was recently runner up in the Gilbey's Gold Medal for Institutional Dining and was awarded the Q mark for hygiene and food safety, level three, by the EIQA (Excellence Ireland Quality Association).

4. Respecting and involving residents

Outcome 10
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings
This outcome had been achieved.

The inspector read a sample of completed contracts and noted that they contained details of the services provided and the fees to be charged.

Outcome 11
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings
Residents' privacy and dignity were respected by staff although one aspect of the premises made this difficult and this is discussed in more detail under Outcome 15.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name. The inspector also heard good humoured banter which some residents were enjoying.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at the recent election. The upcoming presidential election was a popular topic of conversation between residents and staff and many residents outlined their preference.

Mass took place on a weekly basis. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' representative group called 'the moonshiners' had been established. This group was chaired by one of the residents who confirmed that meetings were held every month. The inspector read the minutes of some of these meetings and noted that suggestions made by residents had been addressed by the person in charge. Residents discussed various outings they had been on and the type of activities they preferred. Another suggestion from the committee had been the development of wheelchair accessible planters in the enclosed garden. The inspector saw that these had been developed. Residents also requested crochet classes and the inspector saw that these were organised for the coming week. Staff also confirmed that they themselves were going to join the residents at these classes.

The person in charge told the inspector how she promoted links with the local community. Photographs were displayed around the centre of various outings and activities the residents had attended. Transport was available within the centre and residents confirmed that staff brought them out to buy clothes in the local town followed by coffee.

Transition year students had worked with the residents in developing their own website which was currently at its final stages of development. Residents were actively involved in managing the social fund. Fundraising activities were carried out over the year and various organisations and groups also made donations. The inspector read the minutes which showed that staff occasionally requested funds from the residents' social fund to purchase specific equipment that residents had requested. For example, staff had sought funding for the purchase of a large screen television to facilitate residents' requests for showing films.

Outcome 12
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings
The laundry room was spacious and well equipped. The inspector spoke to the staff member working there and found that she was knowledgeable about infection control and the different processes for different categories of laundry.

Residents and relatives expressed satisfaction with the service provided and the safe return of their clothes to them.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings
The post of person in charge was full-time and held by a registered nurse with the required experience in the area of nursing older people. The inspector observed that she had a strong and inclusive presence in the centre and there was evidence of good leadership. The person in charge's knowledge of the Regulations and Standards and her statutory responsibilities was sufficiently demonstrated both during the interview and the documentation available.

Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by on-going learning and review of practice. All documentation requested by the inspector was readily available.

Outcome 14
There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings
The inspector was concerned that some aspects of staff recruitment could pose a risk to the safety of residents.

Deputising arrangements were such that if the person in charge was on leave then either one of the two CNMs deputised for her. However, the CNM was not released from her clinical workload to undertake this function. This meant that ongoing support and supervision was not available to staff nor were the managerial role and functions of the person in charge carried out.

There was a robust written operational recruitment policy. The inspector examined a sample of staff files. Some staff files did not contain all the information required by the Regulations. The person in charge told the inspector that this was something that she was currently addressing.

Staff turnover was very low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and the inspector saw them responding to residents' needs in an informed way. Staff were clear about their roles and responsibilities and were able to explain these to the inspector.

Formal induction arrangements for newly employed staff were in place. This included staff appraisal after five months and eleven months. The person in charge told the inspector about plans in place to introduce a professional development plan for staff. A robust service agreement was also in place with a staffing agency should their services be required. The inspector read confirmation letters from the agency to the centre which confirmed that all agency staff had been through the Garda Síochána vetting process, references had been obtained and mandatory training had been provided.

The provider and person in charge were committed to providing ongoing training to staff. Extensive training had been undertaken in 2011. All staff had attended mandatory training in moving and handling and staff spoken with were knowledgeable in this regard. A tracking system was in place to ensure that the person in charge was aware of which staff were due to attend the mandatory training.

Most care assistants had Further Education and Training Awards Council (FETAC) Level 5 training. Staff spoken with confirmed how much they had enjoyed doing this training and how it helped them in their work. The person in charge told the inspector that she hoped the remaining staff would attend the upcoming courses.

Volunteers in the centre received an acceptable level of supervision and support and were vetted appropriate to their role and level of involvement. Their roles and responsibilities were set out in a written agreement.

The inspector confirmed that up-to-date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty and the person in charge told the inspector that staffing levels was based on the number of residents and their assessed needs using a validated tool. The reduction in bed places had resulted in a decrease in staffing numbers but the inspector was satisfied that there was sufficient staff on duty to meet the needs of residents.

6. Safe and suitable premises

Outcome 15
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

While the premises was well maintained and provided a pleasant environment for residents and staff who worked there, the inspector noted some significant deficits in the building. For example:

- there were several multi-occupancy rooms including two six-bedded areas and two three-bedded rooms, which did not meet the requirements of the Regulations or Standards
- the six-bedded area on the ground floor did not meet the residents' needs for privacy and dignity. The beds were arranged in open cubicle style. Although there was sufficient screening in place to ensure visual privacy when personal care was being attended to, they did not provide an acceptable level of

privacy. It was also noted that the entrance to the chapel was through an open walkway alongside the residents' beds which further impacted on these residents' privacy and dignity
- wash-hand basins were not available in a large number of bedrooms
- there was no bath available should residents wish to have a bath.

These issues were discussed with the provider and person in charge. They had already identified these deficits and were in the process of looking at possible solutions. Bed numbers had been reduced and any available space was being utilised to reduce the numbers of residents in the multi-occupancy rooms. It was also noted that although there were appropriate assisted showers, there was no bath available for residents. This meant that residents did not have choice on having a bath or shower.

There was a variety of seating areas provided although most residents said they preferred the large lounge area. The rooms were comfortably furnished and domestic in character. Residents and visitors told the inspector that they found it to be a very homely and warm environment. Residents also confirmed that they had been involved in selecting the various colours used in the decor.
The kitchen prepared meals for the residents and staff. The inspector visited the kitchen and found that it was well equipped and had a plentiful supply of fresh and frozen food which was stored appropriately.

There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. The wide corridors enabled easy accessibility for residents in wheelchairs or those with mobility aids. They also aided safety as residents could pass each other without any difficulty. Handrails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date.

Cleaning staff were observed working in an unobtrusive manner which did not disturb residents. They were able to tell the inspector about the arrangements to manage the risk of infection. A high level of cleanliness and hygiene was maintained in the centre. There were two fully equipped sluice rooms with bedpan washers and it had a locked press for the storage of chemicals and equipment.

Laundry facilities were available as discussed under Outcome 12. Staff were provided with changing facilities and kitchen staff had separate changing facilities.

The centre had a secure courtyard area with raised planters. Residents told the inspector that they enjoyed spending time in the garden during fine weather. There was ample garden furniture for residents' use.

Storage for equipment was sufficient and the inspector noted that the equipment was safely stored without impeding any walkways.

The smoking room had an effective extractor fan which prevented smoke from permeating the adjoining rooms.

7. Records and documentation to kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:
Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings
** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance ☒ Improvements required* ☐

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required* ☐

General records (Schedule 4)

Substantial compliance ☒ Improvements required* ☐

Operating policies and procedures (Schedule 5)

Substantial compliance ☒ Improvements required* ☐

Directory of residents

Substantial compliance ☒ Improvements required* ☐

Staffing records

Substantial compliance ☐ Improvements required* ☒

As discussed under Outcome 14, some staff files did not contain all the information required by the Regulations.

Medical records

Substantial compliance ☒ Improvements required* ☐

Insurance cover

Substantial compliance ☒ Improvements required* ☐

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings
Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Outcome 18
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings

The person in charge and provider were aware of their responsibilities to notify the Authority but as yet this was not required. The inspector was informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

A shortened interview was held with both CNMs who deputised for the person in charge and both confidently explained the procedures in place for the management of complaints and allegations of abuse.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and all available staff to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Sheila Doyle
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

28 October 2011

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report*

Centre:	St. Brigid's Hospital
Centre ID:	0531
Date of inspection:	25 and 26 October 2011
Date of response:	15 November 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 14: Suitable staffing

1. The provider and person in charge is failing to comply with a regulatory requirement in the following respect:

Deputising arrangements were not robust. When the person in charge was not available, one of the two CNMs deputised for her. However, the CNM was not released from her clinical workload to undertake this function. This meant that on going support and supervision was not available to staff nor were the managerial role and functions of the person in charge carried out.

Some staff files did not contain all the information required by the Regulations.

Action required:

Ensure that an appropriately qualified registered nurse is on duty and in charge of the designated centre at all times, and maintain a record to this effect.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action required: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.	
Reference: Health Act, 2007 Regulation 16: Staffing Regulation 18: Recruitment Standard 22: Recruitment Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The provider and person in charge will ensure that the CNM who deputises in the absence of the person in charge will be released from her clinical workload to undertake this function. The governance of individual community nursing units including Shaen will be considered within the context of the community nursing units in the Midland area. Cross cover maybe considered at times. Staff files will be updated in accordance with the requirements in the Regulations.	 Immediately 3 Months

Outcome 15: Safe and suitable premises

2. The provider is failing to comply with a regulatory requirement in the following respect:

There were some significant deficits in the building. For example:

- there were several multi-occupancy room including two six-bedded areas and two three-bedded rooms, which did not meet the requirements of the Regulations or Standards
- the six-bedded area on the ground floor did not meet the residents' needs for privacy and dignity. The beds were arranged in open cubicle style. Although there was sufficient screening in place to ensure visual privacy when personal care was being attended to, they did not provide an acceptable level of privacy. It was also noted that the entrance to the chapel was through an open walkway alongside the residents' beds which further impacted on these residents' privacy and dignity
- wash-hand basins were not available in a large number of bedrooms.
- there was no bath available should residents wish to have a bath.

Action required: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.	
Action required: Provide wash-hand basins in each bedroom and ensure a sufficient supply of piped hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection.	
Action required: Provide sufficient numbers of baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.	
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Regulation 19: Premises Standard 4: Privacy and Dignity Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A comprehensive planning process has commenced to address the layout of the centre. The provider will ensure that the plans will include provision of wash-hand sinks in each bedroom and a sufficient number of baths and showers which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the centre.	6 months

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Gerry Raleigh
Date: 15 November 2011